

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service

Refer to: OAD

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ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 90-4

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CORRESPONDENCE CONTROL RECORD

Sec.

1. Purpose
2. Background
3. Responsibility
4. Procedures

1. **PURPOSE.** To control priority correspondence received and recorded by the Area Director's Office of the Albuquerque Area Indian Health Service.
2. **BACKGROUND.** This guide is written to provide a uniform system for receiving controlled priority correspondence and establish procedures for all Area secretarial/clerical support staff for ensuring these procedures are maintained.
3. **RESPONSIBILITIES.** It will be the responsibility of the action office to assure that a response, in writing, is made within five (5) workdays, from the date of receipt of the controlled correspondence.
4. **PROCEDURES.** A standardized Correspondence Control Record form shall be used to record all priority correspondence received by the secretarial staff, Albuquerque Area Director's Office.

The Correspondence Control Record form shall be used and maintained by the Area Director's secretarial staff and must not be duplicated by any other program within the Albuquerque Area Office.

Upon receipt of a priority document to the Area Director, the secretarial staff will attach a Correspondence Control Record slip. This Control slip identifies and dates the correspondence document and indicates the type of action a program is to undertake. It also sets the due date, lists other programs to which information copies are sent, provides references to earlier documents and, indicated special instructions to action office.

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Distribution: All Indian Health Manual Holders  
All Albuquerque Area Program Managers  
All Albuquerque Area Program Secretaries/Clerks

09/14/90

A. Explanation of Form – Description of each item.

See attached Exhibit A.

- (1) **CORRESPONDENCE CONTROL NUMBER.** Only the Area Director's Office secretarial staff assigns a number to each piece of controlled incoming correspondence.

(Exhibit Illustration: AAO-90-001)

This correspondence control record number would be AAO (Albuquerque Area Office) received in Fiscal Year 1990 (90) and is the first (001) request received in fiscal year 1990.

- (2) **CORRESPONDENCE ID.**

(Exhibit Illustration: TR/LETTER)

Types of Correspondence

CI - Congressional Inquiry  
FOI - Freedom of Information Request  
HQ - Request from Headquarters  
MSC - Other types of requests  
OIG - Office of Inspector General Request  
TR - Request from a Tribe

TR - Type of correspondence (Request from a Tribe)  
LETTER - In this case, the correspondence is being controlled as a letter.

Other identities may be in a form of a memorandum, note, fax-mail, wang, overnight-express, or other. The control record slip will identify the kind of correspondence and a copy will be included.

- (3) **CORRESPONDENCE DATE** (Exhibit Illustration: 1/15/90)

The correspondence date is the signer's signature date, that is, the date on which the incoming correspondence was signed.

- (4) **FROM** (Exhibit Illustration: Director, IHS Headquarters)

- (5) **SUBJECT** (Exhibit Illustration: Non-response to IHS/EMS Contract.

A brief synopsis of the topic being discussed – usually not more than two lines.

- (6) **DUE DATE.** The due date is the assigned date a response must be completed by the action office and returned to the Area Director's Office within five (5) work days from the date of request, or unless otherwise noted on the incoming correspondence.

(Exhibit Illustration: Due Date: 1/25/90. The response is to be completed and returned to Area Director's Office by January 25, 1990).

- (7) **ACTION OFFICE.** Office/Program being assigned for response.

This entry indicates the program that will be taking necessary action.

(Exhibit Illustration – Office of Tribal Activities: ATTENTION: Name.)

- (8) **ACTION REQUESTED** (Exhibit Illustration: See below)

This section is divided into several parts – kind of action assigned. Appropriate box(es) will be checked off for necessary action.

- (9) **INFORMATION COPY TO**

(Exhibit Illustration: 1. Name/Deputy Director  
2. Name/Contracts & Grants)

Other programs/offices or persons may have an interest in correspondence pertaining to a particular area, and information copies of the document will be sent when it is received and again when it is signed. **ALL CORRESPONDENCE SIGNED BY THE AREA DIRECTOR, A BLUE MANIFOLD COPY MUST BE PROVIDED TO THE AREA DIRECTOR'S OFFICE.**

- (10) **SPECIAL INSTRUCTIONS**

The special instructions may indicate how the response is to be prepared or some guidance on the preparation of that reply.

- (11) **REMARKS**

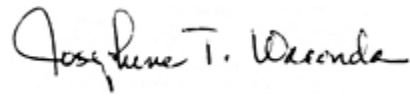
To be completed as needed.

(12) **ACTION REQUESTED BY** (Exhibit Illustration: Area Director)

Person forwarding correspondence for action.

(13) **DATE OF REQUEST** (Exhibit Illustration: January 18, 1990)

This entry indicates the date the correspondence was forwarded for action.

 9/14/90

Josephine T. Waconda  
Assistant Surgeon General  
Director, Albuquerque Area  
Indian Health Service

ATTACHMENT: Correspondence Control Record Slip

<p align="center"><b>ALBUQUERQUE AREA IHS</b> Office of the Director</p> <p align="center"><b>CORRESPONDENCE CONTROL RECORD</b></p>	<p align="center"><b>CONTROL NUMBER</b></p> <p align="center">(1) AAO-90-001</p>
	<p align="center"><b>DUE DATE</b></p> <p align="center">(6) January 25, 1990</p>
<p><b>Correspondence ID</b></p> <p align="center">(2)</p> <p>TR/LETTER</p> <p>-----</p> <p><b>Dated</b> (3)   <b>From</b> (4)</p> <p>1/15/90   Director, IHS Hdqtrs.</p>	<p><b>ACTION OFFICE</b></p> <p align="center">(7)</p> <p>Office of Tribal Activities</p> <p>ATTENTION: <u>      Name      </u></p>
<p><b>Subject</b></p> <p align="center">(5)</p> <p>Non-response to IHS/EMS Contract</p>	<p><b>ACTION REQUESTED:</b></p> <p align="center">(8)</p> <p><b>[XX] Necessary Action</b></p> <p><input type="checkbox"/> <b>Review/Concurrence</b></p> <p><input type="checkbox"/> <b>Provide Status</b></p> <p><input type="checkbox"/> <b>Your Comments</b></p> <p><input type="checkbox"/> <b>Prepare Direct Reply &amp; Provide Copy</b></p> <p><input type="checkbox"/> <b>Prepare Reply For Signature of</b> <u>          Area Director          </u></p>
<p><b>Information Copies To:</b> (9)</p> <p>(1) <u>      Name/Deputy Director      </u></p> <p>(2) <u>      Name/Contracts &amp; Grants      </u></p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p>	<p><b>SPECIAL INSTRUCTIONS:</b></p> <p align="center">(10)</p> <p>This box may indicate how the response is to be prepared or some guidance on the preparation of the reply.</p>

## Remarks

(11)

To be completed as needed.

(12) \_\_\_\_\_ (13) \_\_\_\_\_  
 Area Director January 18, 1990  
**ACTION REQUEST BY:** \_\_\_\_\_ **DATE OF REQUEST** \_\_\_\_\_  
 Albuquerque Area IHS